

Policy & Procedure Manual

MEALTIME – SUPPORTING INDIVIDUALS TO EAT – R-III-2

POLICY:

Recipients of Service will be supported to be as independent as possible and educated in all aspects related to their nutrition.

When required, individuals will receive support to eat in a safe and dignified manner and according to their physical abilities.

PURPOSE:

1. To provide appropriate support to recipients of service while eating.

PROCEDURE:

A) PRINCIPALS FOR MEALTIME SUPPORT:

1. Know the individual's eating habits, food allergies, likes and dislikes as specified on the Dietary section of their Individual Support Plan (I.S.P.).
2. Individuals who have specific dietary medical conditions (e.g. celiac disease, diabetes) or those who food/fluids may interfere with their medications will be educated about these conditions. This education will also be provided to persons acting on their behalf and all staff who support them. Unique protocols for food preparation and dietary restrictions will be noted in the I.S.P.
3. If required, staff will ensure the individual's Mealtime Support Plan in their I.S.P. binder is followed (see Appendix A for Guidelines for completing a Mealtime Support Plan and Appendix A-1 for an example of a Mealtime Support Plan). This plan may identify modifications to the consistency of food and fluids for the individual. Refer to Guidelines for Consistency Modifications of Foods and Liquids for a description of the various food and liquid consistencies (see Appendix B; see B-2 to B-6 for pictures of the various food consistencies; see B-7 for the description of liquid consistencies).



Personal Support Services

POLICY: R-III-2

DEPARTMENT: Personal Support Services

CATEGORY: Health and Well-being - Direct Support

EFFECTIVE DATE: March 2014

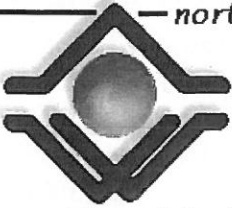
SUPERSEDES VERSION DATED: August 2013

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4. A Food and Fluid Requirement form (see Appendix C) will be posted on the inside of the kitchen cupboard at each location and will be used as a quick reference to identify special requirements for food and fluids for all individuals living at the residence.
5. Staff will support all individuals to be as independent as possible related to food choices, food preparation and eating.
6. Eating should be a quiet and unhurried experience.
7. When the individual requires a puree or ground diet, visually check the processed foods for any lumps. Moisturize the food appropriate to the individual's ability to swallow. Refer to the Individuals' Mealtime Support Plan in their I.S.P Binder.
8. If the individual receives nourishment through a feeding tube, support staff will be trained by a health professional according to Feeding by Gastrostomy Tube Policy R-IV-6 prior to doing this procedure. Specific instructions for the individual will be identified on their Mealtime Support Plan in their I.S.P. Binder.
9. Test for the appropriate temperature of food and fluids which can be done by dripping a small amount on your wrist.
10. Foods will not be mixed together unless it is the choice of the individual.
11. Inform the individual of the type of food being served, i.e. soup, main course or dessert.
12. All conversations during mealtime should include the individual.
13. Direct any new feeding issues to the Supervisor.

B) PERSONS REQUIRING DIRECT ASSISTANCE:

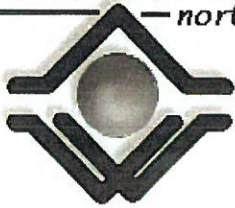
1. Position the individual as close to upright as possible, ensuring their head is in a neutral position not flexed or hyperextended, preferably in a chair in the kitchen or eating area, or as otherwise stated in their Mealtime Support Plan.
2. Position yourself in front of or to the side facing the individual, and always at eye level.



3. When assisting an individual to eat use a teaspoon and never a larger soup spoon. Place a small amount of food on the front of the teaspoon and avoid scraping the individual's lips with the spoon after the food is accepted.
4. For individuals with a tongue thrust, apply pressure on the middle of the tongue with the metal spoon or coated spoon (a stainless steel spoon that is covered with rubber on the rounded end of the spoon) to stimulate use of individual's lips and tongue. If the person has abnormal tongue movements, it may be more successful to present food at the side of the mouth.
5. Spoon removal from the mouth may stimulate the bite reflex. Apply slight upward pressure under the individual's chin with your hand to relieve this. A coated spoon may decrease the damage from biting down.
6. Allow enough time for the individual to chew and to swallow the food before offering the next spoonful.
7. To offer liquids, the support provider shall present the cup/glass of fluid at the individual's eye level, place the rim of the cup/glass on the individual's lower lip and tilt the cup until the fluid touches the upper lip. Hold the cup in position to allow the individual to drink a small amount to the best of their ability.
8. Thickened fluids may be substituted in place of fluids for individuals with difficulty swallowing as determined by supervisor and staff in consultation with a health care professional. Follow thickening product instructions or recommendations of the health care professional in order to use the product correctly.
9. Use of a paper cup or metal spoon for fluids may be beneficial for individuals who have difficulty with the use of a regular cup or glass.
10. Ensure that the individual is clean, comfortable and remains upright for at least ½ hour after the meal.

C) PERSONS REQUIRING OBSERVATION:

1. Encourage and support the individual who requires observation and assist them to the kitchen or the eating area. Refer to their Mealtime Support Plan in their I.S.P. Binder for any guidelines related to eating.
2. Encourage and model the appropriate use of feeding utensils.



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3. Observe and assist by sitting with the individual(s) through the meal.
4. When the meal is complete, encourage and assist the individual as required to clean up their eating area and themselves.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: April 1993

AUTHORIZED BY: Director, Personal Support Services

SIGNATURE: _____

Guidelines for Completing a Mealtime Support Plan

Written specific directions shall be developed for every person identified as a choke risk who has specific recommendations for eating and/or drinking in order to ensure everyone understands their mealtime support needs. These guidelines may include the following:

1. Food and/or liquid consistencies
 - In order to support a person to eat in a safe manner the consistency of food and liquids may be altered. This may also include the need to alter/change the person's medication dosage form (i.e: oral medications may need to be crushed, liquid medications thickened, and the physician may be requested to change a prescription to liquid form). Food and/or liquid consistencies should be noted on the Meal Time Support Plan describing exactly what the consistency should look like. Keep in mind that some foods/liquids may have a different consistency.
2. Eating and positioning
 - Describe the type and amount of support/assistance the individual requires to eat and drink.
 - Identify adaptive equipment (special utensils, cups, plates, mats) and how it is used by the person in order to maximize their safety during eating and drinking while continuing to encourage their independence.
 - Identify the exact required position of the person while eating, drinking, and/or taking medications and the safety equipment that may be needed to maintain them in the identified position. In order to ensure the person's safety, specify the time frame they are required to maintain this position following these activities.
3. Aspiration and reflux precautions
 - Identify in the plan if aspiration has been identified as a concern and specify the precautions put into effect to reduce the risk of aspiration of food, liquids, and/or secretions.
 - For the person with gastro esophageal reflux disease (GERD), reflux precautions are commonly prescribed. These precautions require that a person's head and upper body be elevated at all times in order to reduce the possibility of stomach acid flowing up into the esophagus and, if required, should be identified on their Mealtime Support Plan.
4. Behavioural Plans and supervision requirements
 - Identify actions to be followed and the supervision required to keep the person safe during eating and drinking.

***FOR AN EXAMPLE OF A MEALTIME SUPPORT PLAN SEE APPENDIX A-1**

Guidelines for Consistency Modifications of Foods and Liquids

1. Alterations to the consistency of foods and/or liquids presented to the individual are made in accordance with the recommendation of an occupational therapist or speech and language pathologist and implemented according to the order of the person's primary care provider/doctor.
2. Below is a description for the various prescribed food consistencies (food consistencies are displayed in pictures on pages 2-6 of this appendix):
 - **Whole:** no modifications; person may still require staff assistance to cut food before being served, but the size of the food pieces is not specified as no swallowing risk is identified (see page 2)
 - **Cut-up:** pieces not to exceed 1/2" x 1/2" x 1/2" (see page 3)
 - **Chopped:** pieces cut by hand to pea size pieces not to exceed 1/4" x 1/4" x 1/4" (see page 4)
 - **Ground:** food ground in a machine to small curd cottage cheese consistency (see page 5)
 - **Pureed:** food prepared to a smooth consistency that resembles pudding (see page 6)
3. Definitions for the prescribed consistencies of liquids (see page 7 of this appendix for a more detailed explanation):
 - **Thin:** no restrictions
 - **Nectar:** apricot or tomato juice consistency
 - **Honey:** liquids are pourable but very slow
 - **Pudding:** liquids are spoonable but not so stiff that a spoon will stay upright
4. When a thickened liquid is prescribed, the food consistency served must be **at least as thick** as the prescribed liquid.
5. Support staff new to the individual shall receive specific training in the modification of foods and/or liquids by familiar support staff before preparing a prescribed consistency.

WHOLE CONSISTENCY

Food should appear as it is served in a restaurant. Assistance may be needed with cutting.



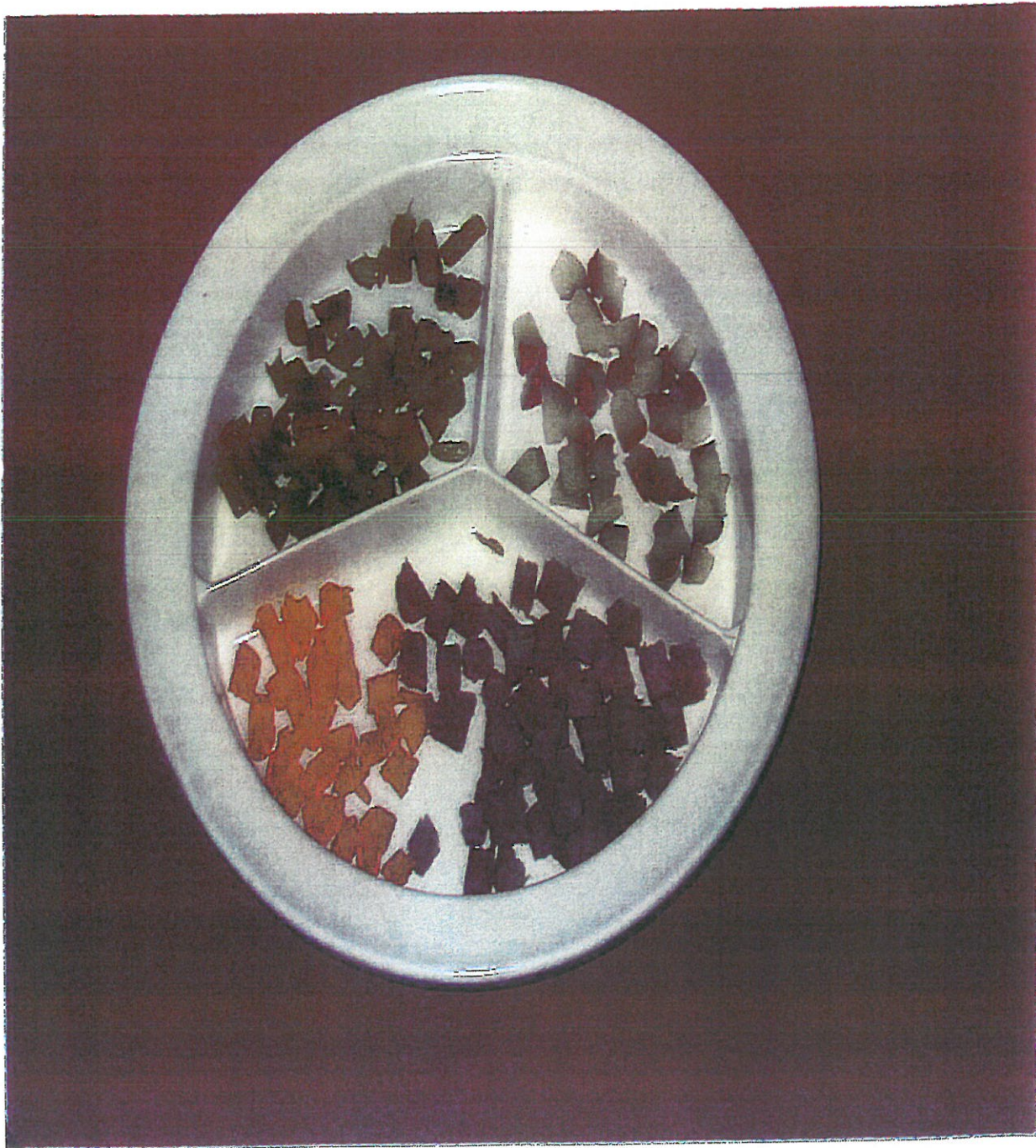
Cut Up Food Consistency

All foods must be cut into pieces no larger than $\frac{1}{2}$ " x $\frac{1}{2}$ " $\frac{1}{2}$ "



Chopped Food Consistency

Food is cut by hand or as directed to Pea size pieces $\frac{1}{4}$ " x $\frac{1}{4}$ " x $\frac{1}{4}$ ".
Food must also be moist. No "Finger Foods".



Ground Food Consistency

All foods must be ground in a machine to “small curd” cottage cheese consistency.
Foods must be moist and liquids may be added to get the desired consistency.



Pureed Food Consistency

All foods are prepared to a smooth consistency by grinding and then pureeing them. Appearance is smooth like pudding.



LIQUID CONSISTENCIES

The texture of the liquid an individual receives is recommended by an Occupational Therapist or Speech Pathologist and is ordered by a Doctor.

The texture of food should not be thinner than the prescribed liquid consistency.

- ❖ **Thin:** Includes all liquids, Jell-O, sherbet, Italian ice, and ice cream. This consistency is considered non-restrictive. Nothing is added .
- ❖ **Nectar:** Apricot or tomato juice consistency; some liquids will require a thickening agent to reach this consistency.
- ❖ **Honey:** Liquids can still be poured, but are very slow. Liquids will require a thickening agent to be added to achieve this consistency.
- ❖ **Pudding:** Liquids are spoonable, but, when spoon is placed upright, it will not stay upright.



Remember that all thickening agents whether commercial (Thick-It, Thick and Easy) or non- commercial food items (instant potatoes, baby fruits, baby cereal etc.) add extra calories to the foods or liquids they are added to. If the individual is on a reducing diet, these calories must be considered. The dietitian must be advised if a thickening agent is to be used.

- OPTIONS northwest -

POLICY: R-III-2
APPENDIX C

MEALTIME SUPPORT PLAN

NAME	MEDICAL DIAGNOSIS	TYPE OF DIET	POSITIONING	INDIVIDUAL FEEDING RECOMMENDATION	SPECIAL CONSIDERATIONS

